



**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 09/737,327

First Named Inventor James M. Mundt

COMPLETE IF KNOWN

Application Number 09/737,327

Filing Date December 15, 2000

Group Art Unit 3629

Examiner Name M.J. Fisher

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GROUP 3600

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BLISTER PACKAGE FOR PHARMACEUTICAL TREATMENT CARD

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

☐ OR

☐ is attached hereto

☐ OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/246,934	11/09/2000	20589PV2
60/172,839	12/20/1999	20589PV



DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Customer Number
OR
☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
James M. Hunter, Jr.	31,922		
Mark R. Daniel	31,913		
Michael J. Bonella	41,628		

Direct all correspondence to: ☒ Customer Number

Name	James M. Hunter, Jr.				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-8317	Fax	(732)594-

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname			
Charles		Kerins			
Inventor's Signature				Date	
Residence: City	Wilmington	State	DE	Country	USA
				Citizenship	USA
Post Office Address	Sharp Corporation				
City	Conshohocken	State	PA	ZIP	19428
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION AND POWER OF ATTORNEY

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Martin				Hulick			
Inventor's Signature						Date	
Residence: City	Warrington	State	PA	Country	US	Citizenship	US
Post Office Address	Sharp Corporation						
City	Conshohocken	State	PA	ZIP	19428		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Stephen				Hamaday			
Inventor's Signature						Date	
Residence: City	Collegeville	State	PA	Country	USA	Citizenship	USA
Post Office Address	Sharp Corporation						
City	Conshohocken	State	PA	ZIP	19428		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Deborah				McQuiston			
Inventor's Signature						Date	
Residence: City	Conshohocken	State	PA	Country	USA	Citizenship	USA
Post Office Address	Sharp Corporation						
City	Conshohocken	State	PA	ZIP	19428		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address	Merck & Co., Inc., P.O. Box 2000						
City	Rahway	State	NJ	ZIP	07065-0907		

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NEW DECLARATION/POWER OF ATTORNEY:

A new Declaration/Power of Attorney is enclosed herewith wherein, in addition to James M. Mundt, several new inventors- Charles Kerins, Martin Hulick, Stephen Harmaday, and Deborah McQuiston have been added to the case, and registered attorney- Michael J. Bonella has been grant power.

INFORMATION DISCLOSURE STATEMENT

An Information Disclosure Statement, PTO Form 1449 and prior art 'article of manufacture' are enclosed herewith. The prior art, brought to the undersigned attorneys attention by the new inventors, discloses a veterinarian, treatment card incorporating a blister package characterized as a laminated structure.